

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martlam
Secretary of State
SOCIETY OF PROFESSIONAL CORPORATIONS

DOCUMENT # L17024 (5)

1. Corporation Name
P. L. JOYNER, INC.



Principal Place of Business: % SANDRA T. JOYNER, 22111 WEEKS BLVD, LAND O' LAKES FL 34639
Mailing Address: % SANDRA T. JOYNER, 22111 WEEKS BLVD, LAND O' LAKES FL 34639

3. Date Incorporated or Qualified: 09/18/1989
3a. Date of Last Report: 04/10/1995
4. FEI Number: 59-2968864
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No []

2. Principal Place of Business: 21 13950 N. Florida Ave, Suite, Apt. #, etc.: 22, City & State: 23 Tampa, FL, Zip: 24 33613, Country: 25 USA
2a. Mailing Address: 26 13950 N. Florida Ave, Suite, Apt. #, etc.: 27, City & State: 28 Tampa, FL, Zip: 29 33613, Country: 30 USA

9. Name and Address of Current Registered Agent: JOYNER, SANDRA T., 22111 WEEKS BLVD., LAND O' LAKES FL 34639
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 19304 Locket Ave, 83, 84 City: Brooksville, FL, 85 Zip Code: 34610

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 4-2-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: JOYNER, PHILLIP L.	1. TITLE:	Change [] Addition []
STREET ADDRESS: 22111 WEEKS BLVD	CITY-ST-ZIP: LAND O'LAKES FL	12. NAME:	
		13. STREET ADDRESS: 19304 Locket Ave.	
		14. CITY-ST-ZIP: Brooksville, FL 34610	
TITLE: DST	NAME: JOYNER, SANDRA T.	2. TITLE:	Change [] Addition []
STREET ADDRESS: 22111 WEEKS BLVD	CITY-ST-ZIP: LAND O'LAKES FL	22. NAME:	
		23. STREET ADDRESS: 19304 Locket Ave	
		24. CITY-ST-ZIP: Brooksville, FL 34610	
TITLE:	NAME:	3. TITLE:	Change [] Addition []
STREET ADDRESS:	CITY-ST-ZIP:	32. NAME:	
		33. STREET ADDRESS:	
		34. CITY-ST-ZIP:	
TITLE:	NAME:	4. TITLE:	Change [] Addition []
STREET ADDRESS:	CITY-ST-ZIP:	42. NAME:	
		43. STREET ADDRESS:	
		44. CITY-ST-ZIP:	
TITLE:	NAME:	5. TITLE:	Change [] Addition []
STREET ADDRESS:	CITY-ST-ZIP:	52. NAME:	
		53. STREET ADDRESS:	
		54. CITY-ST-ZIP:	
TITLE:	NAME:	6. TITLE:	Change [] Addition []
STREET ADDRESS:	CITY-ST-ZIP:	62. NAME:	
		63. STREET ADDRESS:	
		64. CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DATE: 4-2-96 DISTRICT NUMBER: 813 961-5827

CR2E034 (12/95)